

8700 PINE TREE CR

11319609

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3645B DATE: 6/24/98
TC: 1131960 9PO ☒ L ☐ CRT
SERIAL Nº 17415

Name of Owner Robert Stack Juris.:
Address of Property 8700 Pine Tree Circle

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400
Number of Lines 6 @ 57'
Cover Depth 12"
Water Supply Source WELL
Distance to Water Source 75'
Excavation Inspected 6/24/98
Tank(s) Inspected 6/23/98
Wash Line Inspected —
High Water Alarm Inspected —

PLOT

Design 1500 ST 1200 SQ FT 12" G/ CRIC-LIKE CTR# 5

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired
☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type II - 3 bedroom

Joni E. Higgins, R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

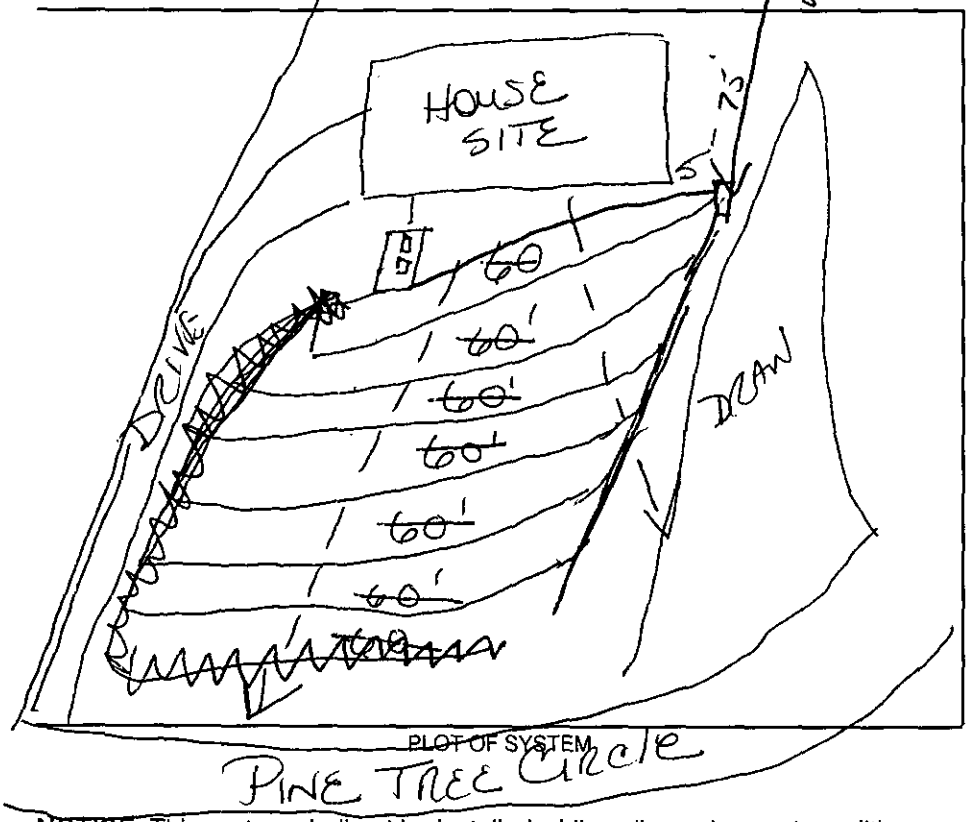
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3645B DATE: 6/23/98

TC: 1131960 9PO ☐ L

SERIAL Nº 17750

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6/23/98. All work shall be completed on or before 7/23/98, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Pine Tree Circle

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank PCC gallons

Tank Construction —

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 420 feet

Number of Lines 7

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well NOT feet
INSTALLED YET

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Robert Stuck

LOCATION OF PROPERTY 8700 Pine Tree Circle

Comments: 1500 SEPTIC TANK (W) 3X60'X12" - INSTALLED ON CONTOUR -

Dawn E. Higgins R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

P&W full

(403)

FEE: 150.00 — AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 12/12/97 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 2/26/97 — PERMIT NO: 3645B
8700 — PARCEL NO: 113-196 09
JOB LOCATION ADDRESS: ~~10153~~ Pine Tree Circle
PROPERTY OWNER: Ronald H. Stack
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Joni Higgins Bunn, RS — DATE: 2/26/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3645B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS:
(1) SEE INSTALLATION APPROVAL.
(2) THIS PERMIT IS VALID FOR 5 YEARS.
(3) AGREEMENT & RE-CLASSIFICATION FORMS ARE A NECESSARY PART OF THIS PERMIT.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Lonnie Stack — 12-12-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 12/12/97

Name/Company: RONALD H. STACK

Sanitation _____

Vector Control _____

IWWS X

Service: AUTHORIZATION AND
FINAL APPROVAL
8700 PINE TREE CIRCLE

Fee: $ 150.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

150.00
0689
12/12/97

Permit Number: 3645B

Tax Number: 113-196-33

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	12 Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: ① AGREEMENT & RE-CLASSIFICATION FORMS ARE REQUIRED. ② THIS PERMIT IS VALID FOR 5 YEARS FROM TIME OF ISSUANCE. ③ SEE PLOT PLAN FOR COMMENTS.				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ 25% REDUCTION SYSTEM Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	0 Depth of Stone Trench	9 Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

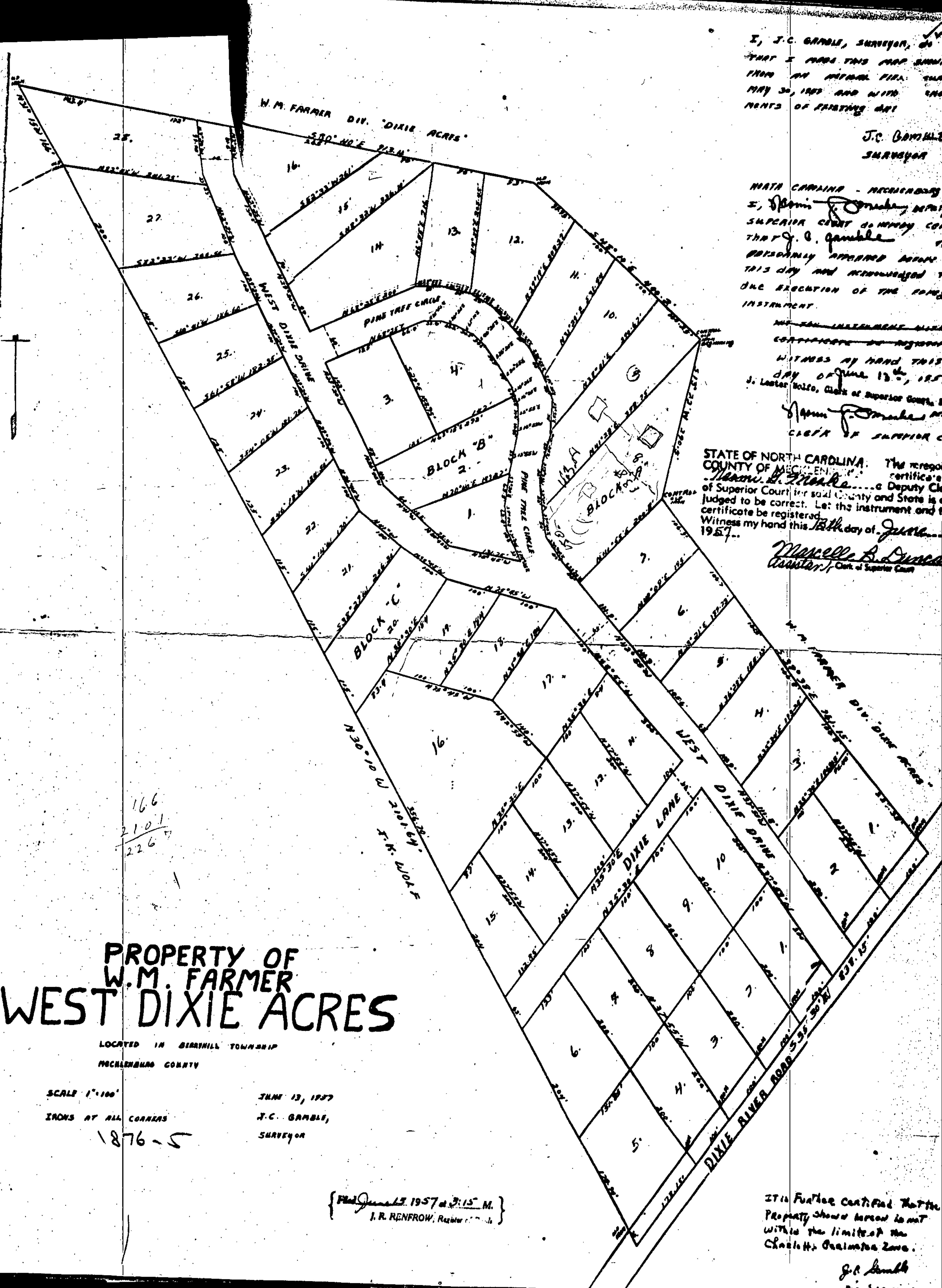
- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date: 3/6/97

Owner/Agent Signature — Date: 12-12-97

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION



PROPERTY OF W.M. FARMER
WEST DIXIE ACRES

LOCATED IN BERRYHILL TOWNSHIP
MECKLENBURG COUNTY

SCALE 1" = 100'
IRONS AT ALL CORNERS

JUNE 13, 1957
J.C. GAMBLE,
SURVEYOR

1876-5

{Filed June 15 1957 at 3:15 M.
J. R. RENFROW, Register of Deeds}

I, J.C. GAMBLE, SURVEYOR, do [certify] THAT I MADE THIS MAP [...] FROM AN ACTUAL FIE[LD] [...] MAY 30, 1957 AND WITH [...] MENTS OF EXISTING DA[TA]

J.C. Gamble
SURVEYOR

NORTH CAROLINA - MECKLENBURG [COUNTY]
I, Jennie J. Dooley, Deputy [Clerk of] SUPERIOR COURT do HEREBY CE[RTIFY] THAT J.C. Gamble [...] PERSONALLY APPEARED BEFORE [me] THIS DAY AND ACKNOWLEDGED T[HE] DUE EXECUTION OF THE FORE[GOING] INSTRUMENT.

~~[...] INSTRUMENT [...] CERTIFICATE [...] REGISTERED~~

WITNESS MY HAND THIS DAY OF June 13th, 1957
J. Lester Wolfe, Clerk of Superior Court, [...]
Jennie J. Dooley [...]
CLERK OF SUPERIOR C[OURT]

STATE OF NORTH CAROLINA: The foregoing [...] certificate [...]
COUNTY OF MECKLENBURG: [...]
Naomi G. Meeks ..... a Deputy Cl[erk] of Superior Court for said County and State is [...] judged to be correct. Let the instrument and [the] certificate be registered.
Witness my hand this 13th day of June 1957.
Marcelle B. Duncan
Assistant Clerk of Superior Court

IT is Further Certified That the Property shown hereon is not within the limits of the Charlotte Restricted Zone.
J.R. Smith
[...]

BK: 08813 PG: 0231/0232 #:0069 10.70
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/08/96 10:33

FILE COPY

Excise Tax | Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. 113-196-09 (part of)
Verified by ..... County on the ..... day of ....., 19.....
by .....

Mail after recording to Grantee

This instrument was prepared by E. A. McSwain

Brief description for the Index off Pinetree Circle

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 6 day of November, 19 96, by and between

GRANTOR	GRANTEE
William J. Braswell, Jr.	Ronald Howard Stack 5310 Queen Anne Rd. Charlotte, N. C. 28217

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

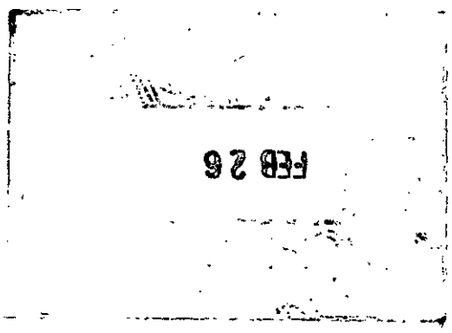
WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Charlotte, Berryhill Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEING THE TRIANGULAR rear portion of Lot 8 in Block A as shown upon the map of West Dixie Acres recorded in the Mecklenburg County Public Registry in Map Book 8, page 89, and being more particularly described as follows:

BEGINNING at a point located at the common rear corner of Lots 8 and 9 in Block A as shown on above mentioned map and runs thence with the said common line of Lots 8 and 9 S. 41-28 W. 235.67 feet to an iron; thence S. 40-04-25 E. 138.30 feet to an iron; thence N. 13-22 E. 290.5 feet to the place of BEGINNING, all as shown on survey of R. B. Pharr, R. S., dated October 19, 1988.

85 831

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 — James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. — 1981



The property hereinabove described was acquired by Grantor by instrument recorded in

Book 4479, page 694

A map showing the above described property is recorded in Plat Book 8 page 89.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.
Title to the property hereinabove described is subject to the following exceptions:

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary (Corporate Seal)

USE BLACK INK ONLY

William J. Braswell Jr. (SEAL)

William J. Braswell, Jr.

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP

VIOLA L. NOTHNAGEL NOTARY PUBLIC MECKLENBURG COUNTY, N. C.

Use Black Ink

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that

William J. Braswell, Jr. Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 6 day of November, 19 96

My commission expires: 12-05-2000 Viola L Nothnagel Notary Public

---

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____,

personally came before me this day and acknowledged that ____ he is _____ Secretary of

_____ a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

Witness my hand and official stamp or seal, this _____ day of _____, 19_____.

My commission expires: _____ _____ Notary Public

The foregoing Certificate(s) of _____

_____

_____

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

_____ REGISTER OF DEEDS FOR _____ COUNTY

By _____ Deputy/Assistant - Register of Deeds

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 — James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. – 1981

**** NC EXCISE TAX: 7.00 *** MECKLENBURG COUNTY

JUDITH A GIBSON REG OF DEEDS MECK NC
BK: 08384 PG: 0037/0042 #:0099 18.00
FILED FOR REGISTRATION 12/04/95 09:26

[redacted] 7.00

STATE OF NORTH CAROLINA

DEC4.95
Real Estate Excise Tax

Tax Parcel No.: 113-196-09

Mail after recording to: YATES W. FAISON, III (BOX 82)

This instrument was prepared by: R. Keith Johnson, P.A., 312 West Trade Street, Suite 600, Charlotte, North Carolina, 28202.

Brief description for Index: Pine Tree Circle

GRANTEE'S ADDRESS: 5310 QUEEN ANNE RD., CHARLOTTE, NC 28217

BANKRUPTCY TRUSTEE'S DEED

THIS BANKRUPTCY TRUSTEE'S DEED made this 27th day of November, 1995, by and between **R. KEITH JOHNSON, TRUSTEE IN BANKRUPTCY FOR ROBERT F. CATOE, SR.**, hereinafter called the "Debtor" (in the singular) as Seller, R. Keith Johnson being hereinafter called the "Trustee", and **RONALD STACK**, as Purchaser, hereinafter called the "Purchaser" (in the singular). The designations the Trustee, the Debtor and the Purchaser as used herein shall include the parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

W I T N E S S E T H:

WHEREAS, a voluntary petition under the United States Bankruptcy Code was filed for the Debtor in the United States Bankruptcy Court for

the Western District of North Carolina, the Order for Relief was entered on February 21, 1992, and the file is now pending in this District as file number 92-30420;

AND WHEREAS, R. Keith Johnson was appointed Trustee and is the duly qualified and presently serving Trustee for the Debtor, and by virtue of the provisions of the United States Bankruptcy Code, the bankruptcy estate of the Debtor for which the Trustee is fiduciary is automatically vested with the title to the interest of the Debtor in the real estate described in this deed;

AND WHEREAS, after Notice and a Hearing under the United States Bankruptcy Code, the Trustee has been authorized by Order of George R. Hodges, United States Bankruptcy Judge (the "Court") to sell the real estate described in this deed, and all creditors and other parties in interest in this estate have had proper, prior statutory notice of the consummation of the sale of the realty, and there has been full compliance by the Trustee with the United States Bankruptcy Code and the Order of the Court dated the 17th day of August, 1995, a true copy of which is attached to this deed;

NOW, THEREFORE, in consideration of the premises, and the sum of $3,500.00, the receipt of which by the Trustee is hereby acknowledged, and pursuant to the Order of the Court, the Trustee has and by these presents does grant, bargain, sell and convey to the Purchaser all that real estate, including any improvements located thereon, which is located in CHARLOTTE Township, Mecklenburg County, North Carolina, (the "Realty"), which is more particularly described as follows:

BEGINNING at an iron pin located in the northeasterly margin of West Dixie Drive (a 60 foot right-of-way), said iron pin being the common

front corner of Lots 7 and 8 in Block A, as shown on a map of West Dixie Acres, as recorded in Map Book 8 at Page 89 in the Mecklenburg County Public Registry; and running thence with the common line of said Lots 7 and 8, N. 41-55 E. 200.8 feet to an iron pin; thence with a new line N. 40-04-25 W. 138.30 feet to an iron pin in the common line of Lots 8 and 9, S. 41-28 W. 163.08 feet to an iron pin in the northeasterly margin of Pine Tree Circle (a 60 foot right-of-way); thence with the northeasterly margins of said Pine Tree Circle and West Dixie Drive three (3) courses and distances as follows: (1) S. 9-40 E. 50.0 feet to a point; (2) S. 30-40 50.0 feet to a point; and (3) S. 35-25 E. 50.0 feet to the point and place of BEGINNING, and being a portion of Lot 8 in Block A, as shown on a map of West Dixie Acres as recorded in Map Book 8 at Page 89 in the Mecklenburg County Public Registry and containing 0.594 acres as shown on a survey dated October 19, 1988 by R.B. Pharr & Associates, North Carolina Registered Land Surveyors.

This conveyance is made subject to the following:

1. All encumbrances and other matters both of record and not appearing of record, except that the Trustee warrants that he has not created or granted any encumbrance or interest which would be adverse to Purchaser.
2. All unpaid ad valorem taxes, except as otherwise paid, agreed to be paid or prorated at closing.
3. The condition that the Realty, which includes all improvements located on the real estate, is conveyed "as is, where is" and without any representations or warranties of any kind concerning its physical condition.

TO HAVE AND TO HOLD the Realty, and all privileges and appurtenances thereto belonging, to the Purchaser in as full and ample a manner as the Trustee is authorized and empowered to convey. And the Trustee covenants with the Purchaser, that the Trustee has not created or granted any encumbrances or interest which would be adverse to the Purchaser, and the Trustee has done nothing to impair such title to the Realty as the Trustee received; and the Trustee will warrant and defend that title

against the lawful claims of all persons claiming by, under or through the Trustee, except for the specific exceptions hereinabove stated.

IN WITNESS WHEREOF, the Trustee has hereunto set his hand and seal, the day and year first above written.

R. Keith Johnson (SEAL)
R. Keith Johnson, as and only as
Trustee in Bankruptcy for the
Debtor, and not individually

STATE OF NORTH CAROLINA

COUNTY OF LINCOLN

I, a Notary Public of the County and State aforesaid, certify that R. KEITH JOHNSON personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 27th day of November, 1995.

My Commission Expires: 2-20-97

Theresa R. Johnson
NOTARY PUBLIC

THERESA R. JOHNSON NOTARY PUBLIC LINCOLN COUNTY, N.C.

The foregoing Certificate(s) of _____
_____
is certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

_____
Deputy
Mecklenburg County Register of Deeds

FILED
U.S. BANKRUPTCY COURT
WESTERN DISTRICT OF NC
AUG 18 1995
J. BARON GROSHON
BY: Deputy Clerk

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

IN RE:	Case No. 92-30420
ROBERT F. CATOE, SR.	Chapter 7
SSN: 250-24-9028	JUDGEMENT ENTERED ON AUG 18 1995
Debtor	ORDER AUTHORIZING TRUSTEE TO SELL REAL PROPERTY AT PRIVATE SALE

THIS MATTER came on for consideration before the undersigned United States Bankruptcy Judge upon the Motion of the Trustee seeking authority to sell real property of the estate at private sale. The Motion of the Trustee was filed on 19 July 95, and a copy of the Motion and Notice of same was served on all creditors. The record shows that no objection to the proposed sale, request for hearing or other response to the Motion of the Trustee has been filed.

In his Motion, the Trustee sought authority to sell property of the estate known as Lot 33, Pine Tree Circle, to Ronald Stack for a purchase price of $3,500.00.

Based upon the Motion of the Trustee, the record in this case, the applicable law, and the lack of objection from parties, the Court is of the opinion that the Motion of the Trustee should be granted.

IT IS THEREFORE ORDERED, ADJUDGED and DECREED that the Trustee shall be and he is hereby authorized to sell property of the estate known as Lot 33, Pine Tree Circle, to Ronald Stack for a purchase price of $3,500.00, said sale to be "as is, where is."

IT IS FURTHER ORDERED that the Trustee is authorized to disburse at closing sufficient funds to pay normal closing costs, a realtor's commission of 10% to Mary Ryder Realty, and ad valorem property taxes relating to this lot, with the remainder of the funds being held in the estate account.

IT IS FURTHER ORDERED that the sale by the Trustee shall be free and clear of all liens and encumbrances, except those specifically authorized to be paid herein, with liens and encumbrances, to the extent valid, attaching to the proceeds of sale.

This 17th day of August, 1995.

/s/ GEORGE R. HODGES
George R. Hodges
United States Bankruptcy Judge

95 857

CERTIFIED TO BE A TRUE AND
CORRECT COPY OF THE ORIGINAL
U. S. BANKRUPTCY COURT
J. BARON GROSHON
WESTERN DISTRICT OF N. C.
BY: DEPUTY CLERK
DATE: 8-18-95

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 8700 Pine Tree Circle

File Number: 3645B

Parcel Number: 113-196-09

Owner/Agent Name: Ronald Staek
(Please print)

Date: 12/12/97 Number of Bedrooms: 3

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c),** or .1969, you the property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Environmental Health Specialist — Date: 12-12-97

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Property Owner Signature — Date: 12-12-97

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

TAX # 113-196-33PO

3645B Pd #150 7/18/95 ck # 0620 Pd # 1/4/96 ck # 963

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: ~~[illegible]~~ Stack, Rowad H. (last) (first) 527-2838
ADDRESS: 5617 Merrymount PHONE: (704) ~~[illegible]~~
CITY: Charlotte STATE: N.C ZIPCODE: 28226

Date: 7-11-95

PROPERTY OWNER:
NAME: Cato Robert - Keith Johnson (last) (first) (mi)
ADDRESS: 312 W. Trade St PHONE: (704) 372-3867
Suite 600
CITY: Charlotte STATE: ZIPCODE: 28202

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-196-33
STREET ADDRESS: Lot 33 Pine Tree Cir
8700 Pine Tree Circle
ZONING:

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: Dixie Acres

LOT NUMBER: 33 LOT SIZE (in acres): 1/2 acre

TYPE APPLICATION (check one):
☒ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☒ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☒ Garage ☐ Storage Building ☒ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Ron Stack Date: 7-11-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

☒ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...SEE PLOT PLAN FOR COMMENTS. 3-bedroom residence only. Agreement & Reclassification forms required prior to

Environmentalist Date 2/26/96

Director or Authorized Section Head Date

2nd site TC# 113-196-09 Application Permit: WATER - 22791
not in adjacent to original lot

PROPOSED PLOT PLAN

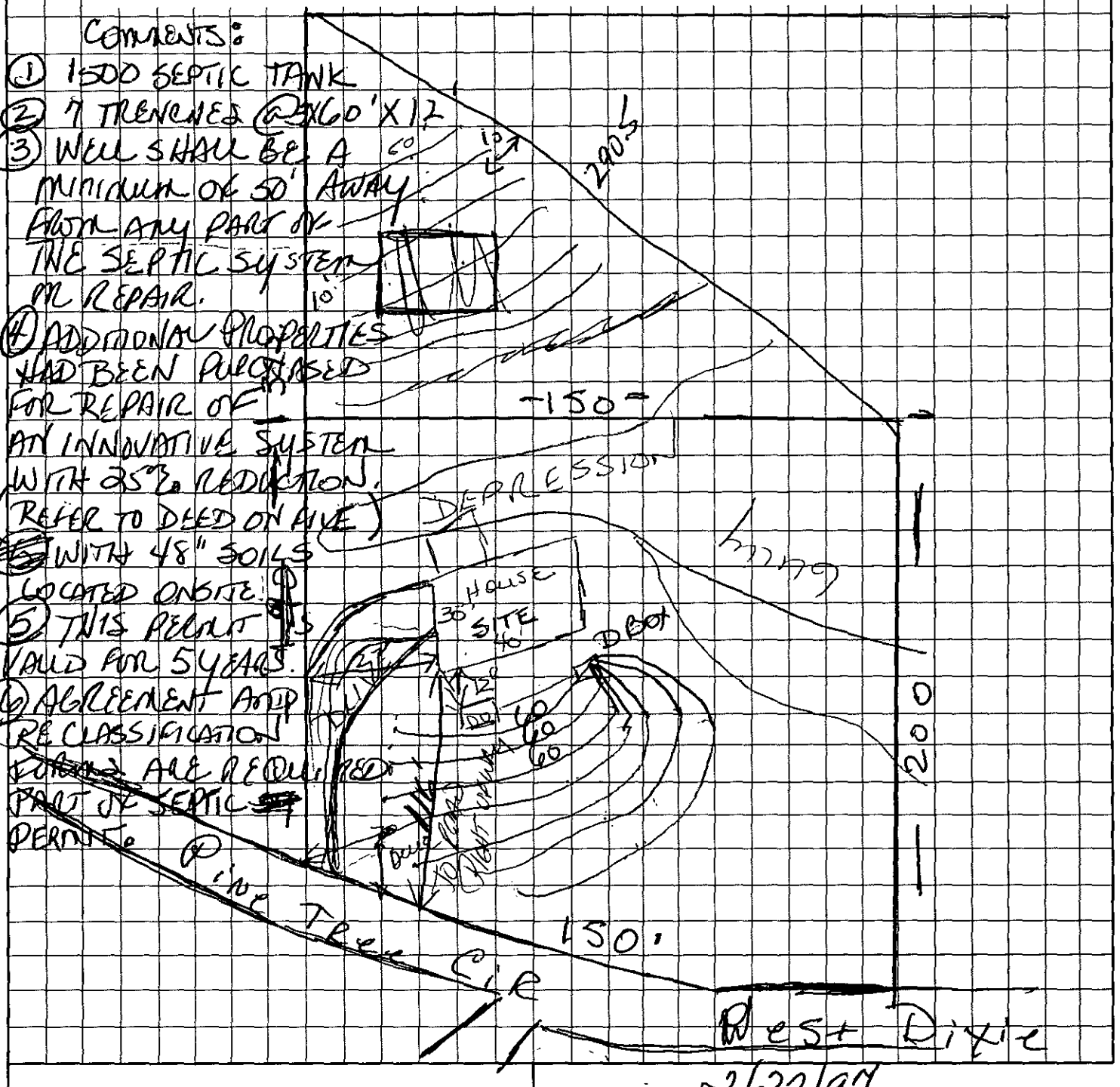
2nd Rep Evaluation

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3645-B

TC: 19319609 10

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE 2/27/97

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

* TAX # 113-196-33P0

3645B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P1 #150.00 7/18/95 Ck #0620 ☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: ~~[redacted]~~ STACK, Rowad H.
(last) (first) (mi)
ADDRESS: 5617 Merrymount PHONE: (704) 543-9156
CITY: Charlotte STATE: N.C ZIPCODE: 28226

Date: 7-11-95

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 198AH 88P
STREET ADDRESS: Lot 33 Pinetree Cir.
ZONING:

PROPERTY OWNER:
NAME: Cato Robert - Keith Johnson
(last) (first) (mi)
ADDRESS: 312 W. Trade St Suite 600 PHONE: (704) 372-3867
CITY: Charlotte STATE: ZIPCODE: 28202

SUBDIVISION OR MOBILE HOME PARK NAME: Dixie Acres

Township (check one):
☑ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: 33 LOT SIZE (in acres): ½ acre

TYPE APPLICATION (check one):
☑ SOIL TEST - INDIVIDUAL LOT (O)
☑ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☑ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☑ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☑ Garage ☐ Storage Building ☑ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Ron Stack Date: 7-11-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER 122791

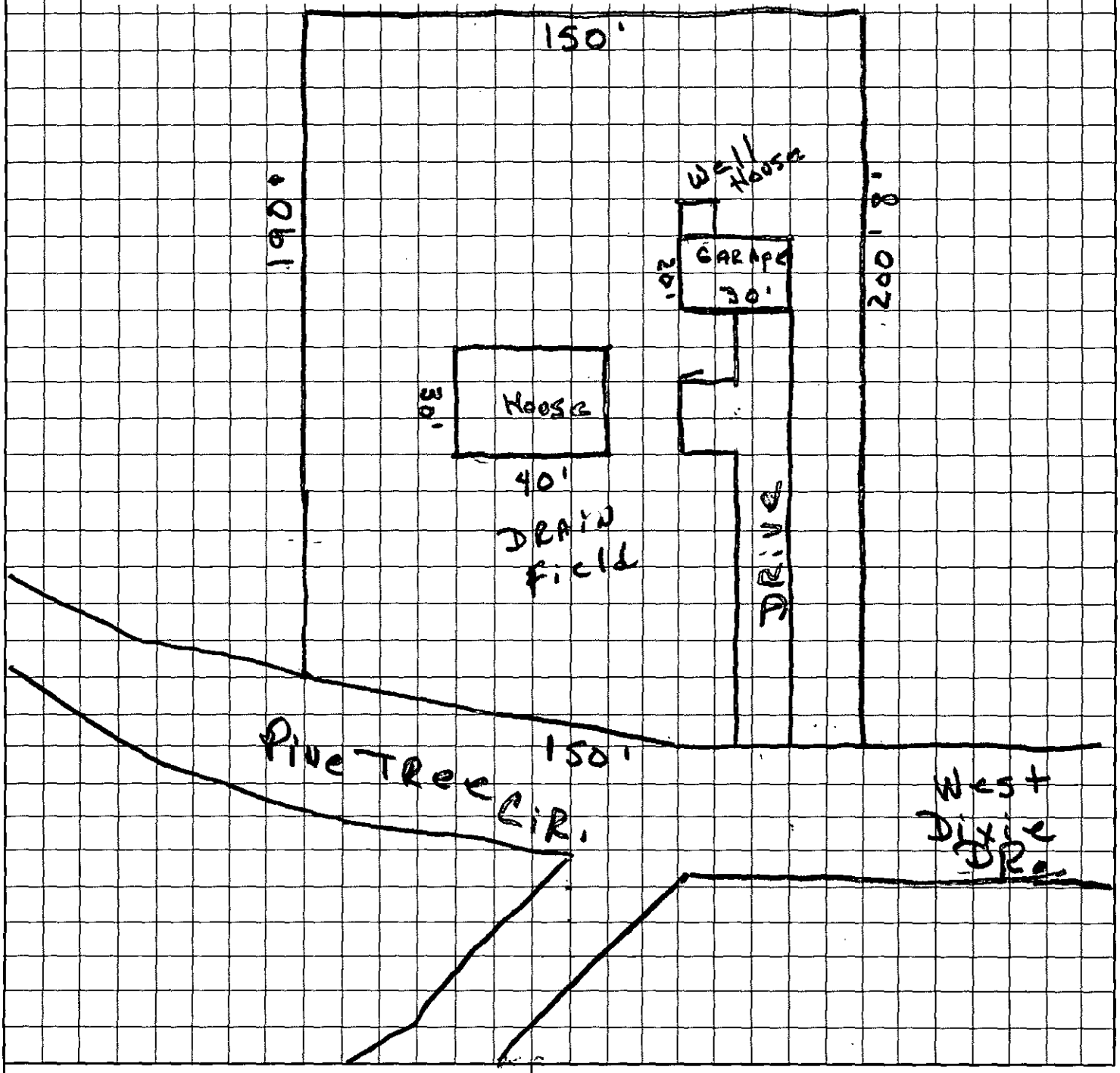
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3645B

TC: 113-196-33 PO

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Co

Mecklenburg County
Health Department

October 6, 1995

Mr. Ronald Stack
5617 Merrymount Drive
Charlotte, NC 28226

Dear Mr. Stack:

Re: Lot 33, Pine Tree Circle
File: 3645B
Parcel: 113-196-33

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900. "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, state regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15 NCAC 18A .1948 (c) are met.

Possible ways to develop this site includes submittal of a plan for a Prefabricated, Permeable Block Panel System (PPBPS). This plan would also need to include meeting all off-set requirements for the house, house site and meet separation distance requirements for a well from a septic system (minimum 50' separation). Enclosed is a copy of Rule .1956 Modifications to Septic Tank Systems pertaining to PPBP Systems.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

cc: William Marlin, Soil Scientist
Robert Cato, Keith Johnson

Enclosure(s)

Please send a copy of .1956 w/ this letter Thanks Joni

Mecklenburg County
Health Department

~~August 16, 1995~~

~~Larry McCarty~~ MR. Ronald Stack
~~7903 Parke West Drive~~ 5617 Merrymount Drive
~~Glen Burnie, MD 21061~~ Charlotte, NC 28226

Dear Mr. McCarty:

Re: ~~New Subdivision/Moore's Chapel Road~~ Lot 33 Pine Tree Circle
File: ~~3295B~~ 3645B
Parcel: ~~053-174-05 & 053-174-07~~ 113-196-33

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900. "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

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Possible ways to develop this site includes submittal of a plan for a Prefabricated, Permeable Block Panel System (PPBPS). This plan would also need to include meeting all off-set requirements for the house, house site and meet separation distance requirements for a well from a septic system (minimum 50' separation). Enclosed is a copy of Rule .1956 Modifications to Septic Tank Systems pertaining to PPBP Systems.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

cc: William Marlin, Soil Scientist
Robert Cato, Keith Johnson
Enclosure(s)

D

$400 CK TAX # 113-196-3340

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3645B PD $150 7/13/95 CK # 0620 ☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: ~~[illegible]~~ Stack, Rowad H.
(last) (first) (mi)
ADDRESS: 5617 Merrymount Ln PHONE: (704) 543-9156
CITY: Charlotte STATE: N.C ZIPCODE: 28226

Date: 7-11-95

PROPERTY OWNER:
NAME: Cato Robert - Keith Johnson
(last) (first) (mi)
ADDRESS: 312 W. Trade St Suite 600 PHONE: (704) 372-3867
CITY: Charlotte STATE: ZIPCODE: 28202

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 128AH 88 #
STREET ADDRESS: Lot 33 Pinetree Cir
ZONING: _____

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: Dixie Acres

LOT NUMBER: 33 LOT SIZE (in acres): ½ acre

TYPE APPLICATION (check one):
☒ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☒ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☒ Garage ☐ Storage Building ☒ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: X Ron Stack Date: X 7-11-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules for Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER 2279

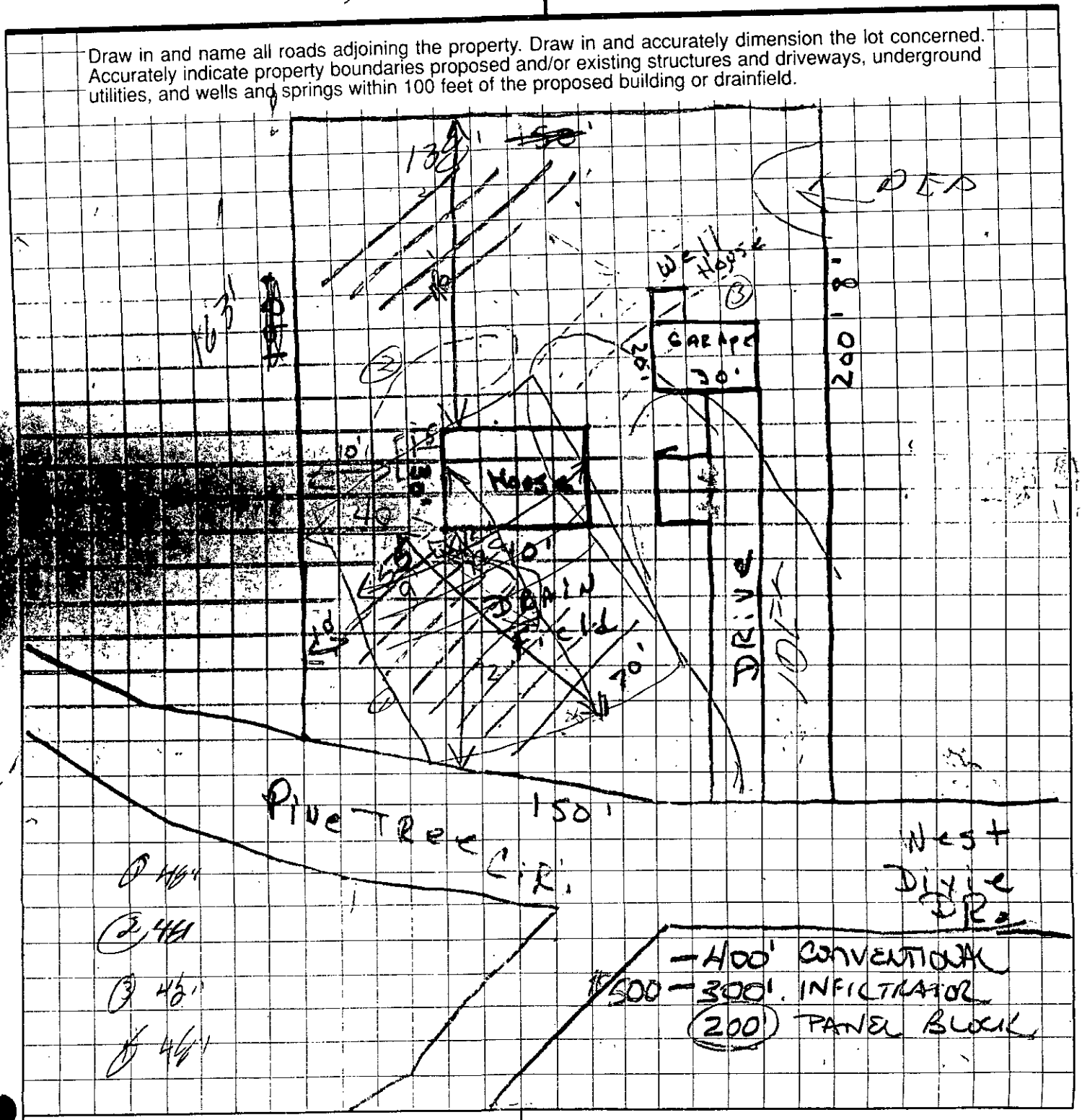
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 364-5B

TC: 113-196-33 PO

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Co

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028638

File: 3650 Action 2

Parcel: 113-176-33 ☐ PC

Location: Pine Tree Circle

Subdivision:

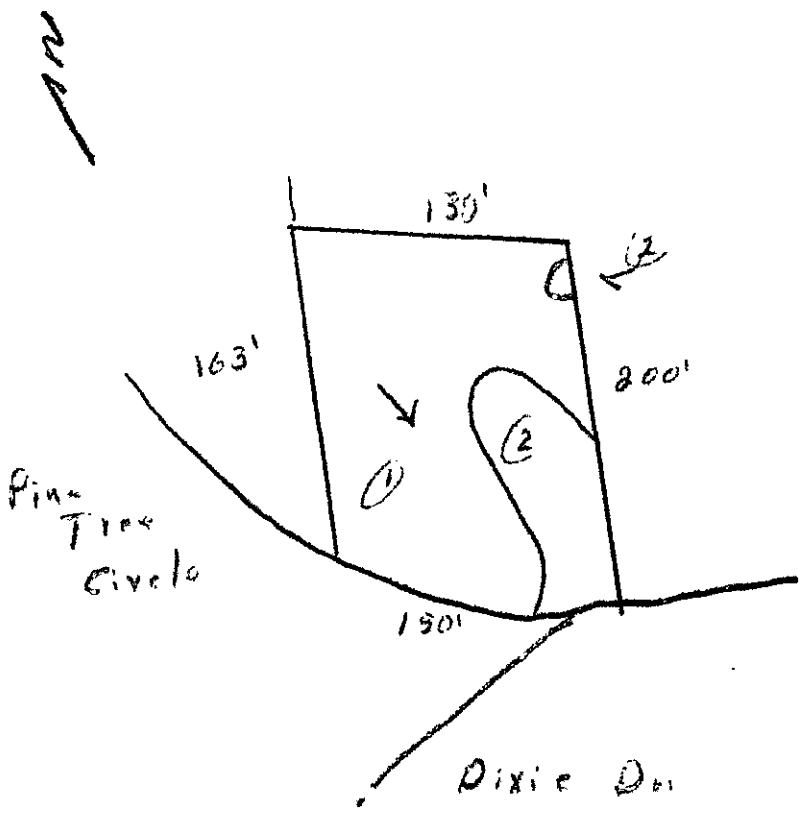
Lot: Block: Acres: .6

Owner: Rollins Cole & Keith Johnson
Address: 312 W. Trade St, Suite 400
Charlotte, N.C. 28202

Comments: .3 gal/ft²/d LTAR, soil less than 2 depth requirement, pump system

Described by: William A. Mack

Date: 7-17-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 5-15%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7UG' To soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 46"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 49"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictive	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil/Uly	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028638

File: 3645B Action 2

Parcel: 113-196-33 ☐ PC

Location: Pine Tree Circle

Subdivision:

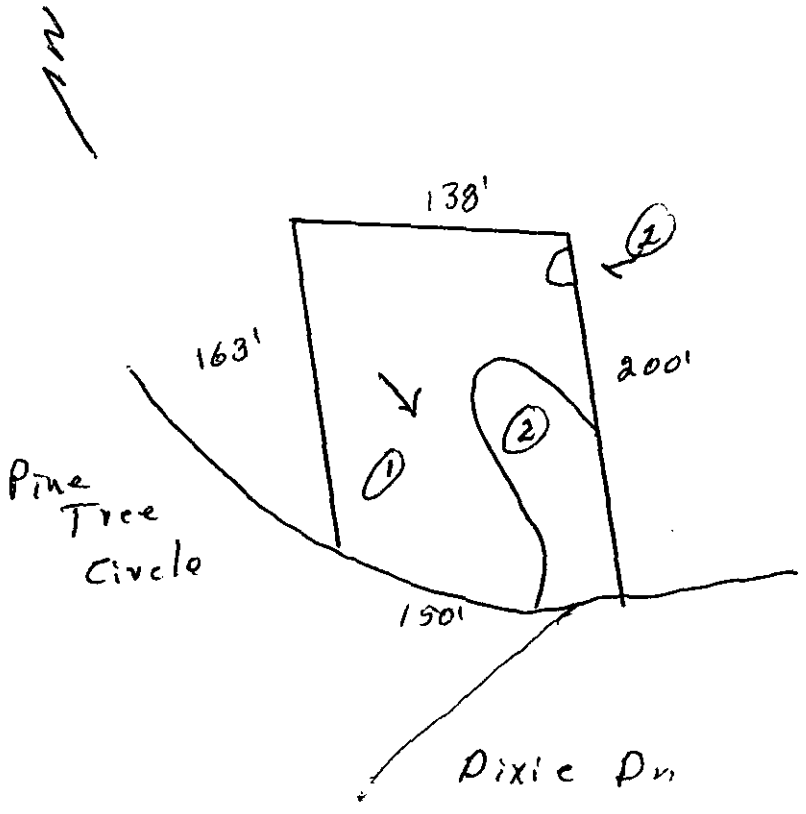
Lot: Block: Acres: .6

Owner: Robert Cato & Keith Johnson
Address: 312 W. Trade St, Suite 600
Charlotte, N.C. 28202

Comments: .3 gal/ft2/ LTAR, not sure if 100% Repair required, may need pump

Described by: William A. Marks

Date: 7-27-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 8-15%	S PS (U) Depressional Complex Slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Live	Depressional				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028638

File: 3645B Action 2

Parcel: 113-196-33 ☐ PC

Location: Pine Tree Circle

Subdivision:

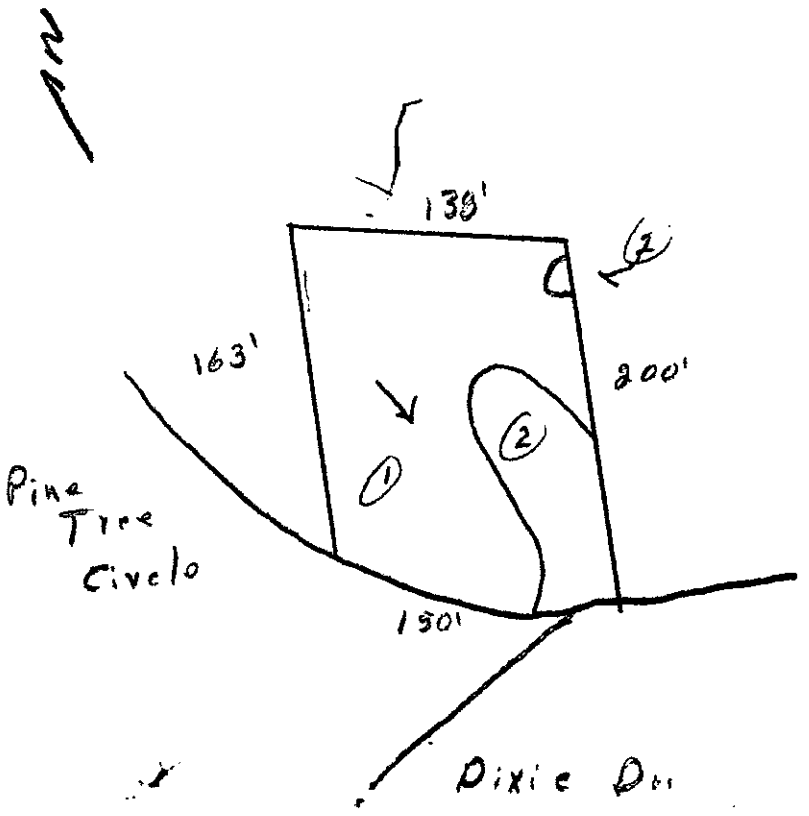
Lot: Block: Acres: .6

Owner: Robert Cole & Keith Johnson
Address: 312 W. Trade St, Suite 600
Charlotte, N.C. 28202

Comments: .3 gal/ft2/ LTAR, not sure if 100% Repair required, pump near pump

Described by: William R. Marks

Date: 7-27-95



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 5-15%	S PS (U) Depressional Compression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-9" To soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 46"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 49"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictive	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U Eco	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Urban	Depressional	∞			
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U